

**REVOCATION OF POWER OF ATTORNEY
WITH NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE
ADDRESS**

Application Number	10/812723
Filing Date	March 29, 2004
First Named Inventor	BUTTERFIELD, ROBERT D., et al.
Title	INFUSION DATA COMMUNICATION SYSTEM
Art Unit	3626
Examiner Name	SEREBOFF, NEAL
Attorney Docket Number	080623-0565

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

80236

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number:

80236

OR

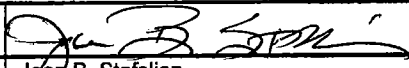
<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	May 27, 2009
Name	Joao B. Stafslie	Telephone	858.643.1400
Title and Company	Senior Vice President & General Counsel, Cardinal Health 303, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of ____ forms are submitted.